

# Affidavit of Male Applicant for Marriage License

Must be filled in  
by male applicant

# MALE

State of WASHINGTON } SS  
County of

The undersigned, being first duly sworn, deposes as follows:

That if I am afflicted with any contagious sexually transmitted disease, the condition is known to the female applicant. Marriage license is not valid for 3 days from date of application and is void if marriage is not solemnized in the State of Washington within sixty (60) days of issuance of license.

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Birthplace \_\_\_\_\_

☐ Single ☐ Widowed ☐ Divorced

☐ Under Control of Guardian

Address \_\_\_\_\_  
(present) Street

City State Zip

Address \_\_\_\_\_  
(Past Six Months) Street

City State Zip

Print Name in Full

X \_\_\_\_\_  
Signature in Full

Subscribed and sworn to before me on

day month year

Deputy Auditor - Notary Public:

# Affidavit of Female Applicant for Marriage License

Must be filled in  
by female applicant

# FEMALE

State of WASHINGTON } SS  
County of

The undersigned, being first duly sworn, deposes as follows:

That if I am afflicted with any contagious sexually transmitted disease, the condition is known to the male applicant. Marriage license is not valid for 3 days from date of application and is void if marriage is not solemnized in the State of Washington within sixty (60) days of issuance of license.

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Birthplace \_\_\_\_\_

☐ Single ☐ Widowed ☐ Divorced

☐ Under Control of Guardian

Address \_\_\_\_\_  
(present) Street

City State Zip

Address \_\_\_\_\_  
(Past Six Months) Street

City State Zip

Print Name in Full

X \_\_\_\_\_  
Signature in Full

Subscribed and sworn to before me on

day month year

Deputy Auditor - Notary Public:

# Parents' or Guardians' Consent

## Male

I hereby certify that I am (Parent-Guardian)  
of \_\_\_\_\_  
who is \_\_\_\_\_ years of age and give  
my full consent to his marriage  
to \_\_\_\_\_

## Female

I hereby certify that I am (Parent-Guardian)  
of \_\_\_\_\_  
who is \_\_\_\_\_ years of age and give  
my full consent to her marriage  
to \_\_\_\_\_

X \_\_\_\_\_  
Signature Parent/Guardian of Male Applicant

X \_\_\_\_\_  
Signature Parent/Guardian of Female Applicant

Subscribed and sworn to before me on

day month year

Deputy Auditor - Notary Public:

Date of Application

Date License Valid

Marriage License No.



## CERTIFICATE OF MARRIAGE

Please type or print clearly in permanent black ink.

**State File Number**

COUNTY OF LICENSE		DATE VALID		NOT VALID AFTER	
<b>OFFICIANT - I certify the persons named below were married on . . . .</b>					
1. DATE OF MARRIAGE(MO/DAY/YR)		2. COUNTY OF CEREMONY		3. TYPE OF CEREMONY <input type="checkbox"/> Religious <input type="checkbox"/> Civil	
4. DATE SIGNED(MO/DAY/YR)		6. OFFICIANT'S SIGNATURE <b>X</b>			
5. OFFICIANT'S NAME (PRINT)					
7. OFFICIANT'S ADDRESS (STREET, CITY, STATE & ZIP)					
<b>GROOM</b>					
8. GROOM'S NAME		FIRST		MIDDLE      LAST	
9. CURRENT RESIDENCE ADDRESS (NUMBER AND STREET)		10. DATE OF BIRTH(MO/DAY/YR)		11. BIRTH STATE(IF NOT USA GIVE COUNTRY)	
12. CITY/TOWN/LOCATION		13. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No		14. COUNTY      15. STATE	
16. FATHER'S NAME (FIRST/LAST)				17. BIRTH STATE(IF NOT USA GIVE COUNTRY)	
18. MOTHER'S MAIDEN NAME (FIRST/LAST)				19. BIRTH STATE(IF NOT USA GIVE COUNTRY)	
20. GROOM'S SIGNATURE <b>X</b>				21. DATE SIGNED (MO/DAY/YR)	
<b>BRIDE</b>					
22. BRIDE'S NAME		FIRST		MIDDLE      LAST	
23. MAIDEN NAME		24. CURRENT RESIDENCE ADDRESS (NUMBER AND STREET)		25. DATE OF BIRTH(MO/DAY/YR)	
26. BIRTH STATE(IF NOT USA GIVE COUNTRY)		27. CITY/TOWN/LOCATION		28. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No	
29. COUNTY      30. STATE		31. FATHER'S NAME (FIRST/LAST)			
32. BIRTH STATE(IF NOT USA GIVE COUNTRY)				33. MOTHER'S MAIDEN NAME (FIRST/LAST)	
34. BIRTH STATE(IF NOT USA GIVE COUNTRY)				35. BRIDE'S SIGNATURE <b>X</b>	
36. DATE SIGNED (MO/DAY/YR)				37. WITNESS' SIGNATURE <b>X</b>	
38. WITNESS' SIGNATURE <b>X</b>				39. COUNTY AUDITOR'S SIGNATURE <b>X</b>	
40. DATE RECEIVED (MO/DAY/YR)					

Social Security Number for Applicants	
<b>Department of Health is required to collect your Social Security Number in order to assist in child support laws (Section 7, Chapter 160 Laws of 1998). If you do not have a Social Security Number, you are required to complete the Social Security Declaration.</b>	
41. GROOM'S SOCIAL SECURITY NUMBER	42. BRIDE'S SOCIAL SECURITY NUMBER

Declaration in Absence of a Social Security Number	
<p><i>I have not furnished a Social Security Number on my application for registration of a marriage certificate, because <b>I do not have a Social Security Number.</b></i></p> <p><i>I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</i></p> <p>Groom's Signature _____ Date _____</p> <p>Bride's Signature _____ Date _____</p>	

Center for Health Statistics  
**MARRIAGE CERTIFICATE  
INSTRUCTIONS**

**(RCW 26.04.090)**

- Items 1 - 7 ----- Completed by the Officiant. Signature and complete address required.
- Items 8 - 19 ----- Completed at the time the application for marriage license is filed.
- Items 20 - 21 ----- The signature of the groom and date signed is required.
- Items 22 - 34 ----- Completed at the time the application for marriage license is filed.
- Items 35 - 36 ----- The signature of the bride and date signed is required.
- Items 37 - 38 ----- Signatures of two witnesses are required by law.
- Items 39 - 40 ----- Completed by the county auditor when the certificate is filed.
- Items 41 - 42 ----- Completed at the time the application for marriage license is filed.

**NOTE: This form is to be transmitted to the county auditor for the county in which the license was obtained within thirty (30) days of the marriage.**